S. No. 1.

RD	CIANS should state CUPATION IS very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Energency Troping County Stull NAME Garage A State Control of the State of the S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 290 [If death occurred in a hespital or lostitutioe, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thite Single, Married Widowso, Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I stiended deceased from
Apric 26 1876	My 5 , 1913, to July 13 , 1915.
(Month) (Day (Year)	that I last ssw h. M.d. alive on Mily 3, 1913
TAGE If LESS than t day,hrs. ORmin.?	snd that desth occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Bullet wound of head
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ts to (Duration) yrs mos ds
11 BIRTHPLACE	(Signed) William T. Hammond, M. D. Puly 16, 1915 (Address) Eastow Med.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acoidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Lallet (S	At place of death yrs. mos. ds. State yrs. mos. ds
(Informant) The Dest of MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Laston 2nd	19 REACTOR BURIAL OR REMOVAL DATE/OF BURIAL
Filed July 16, 1913 Hamie B. Hairbank	PO UNDERTAKER ADDRESS AMERICA DE CASTON MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precisc statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lunys, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Scnile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For VIO-



PLACE OF DEATH 11979	STATE OF MARYLAND
County elalbox	CERTIFICATE OF DEATH
	Registration Dist. No. 293.
Village or City Ordera (No.	St.; Ward) [If death occurred in a haspital or institution.
	give its NAME instead
*FULL NAME diza Underso	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16. DATE OF DEATH
Tervale Colored (Write the word) Manus	(Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY. That I attended decessed from
not town 1895	May 0, 191 J. to May 1, 191 J.
(Month) (Day (Year)	that I last saw h alive on July 7 , 1915
7 AGE If LESS than	and that death occurred on the date stated above, atm,
20 yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trada, profession, or Jouvenuse	Juliany Julianes
(b) General nature of Industry, business, or establishment in	1 5
which employed (or employer)	Duration) yrs 2 mos ds.
State or country)	Secondary Of Translation
10 NAME OF Holliam & Seam a	(Signed) J. Jory B. M. D.
11 BIRTHPLACE OF FATHER (State or country) Waryland	July 4 , 1915 (Address) Cardon And
(State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUMPLY OF PROPERTY OF THE STATE OF THE
of Mother Name Not - Janon	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Not known	of death yrs mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) de loy linduson	Former or : : : : : : : : : : : : : : : : : :
(Address) Cordova Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	New Town July 3, 1915
Filed 7 2 , 1315. J. L. Gardner	20 UNDERTAKER ADDRESS
Local REGISTRAR	H. K. Trielottett Greenston,
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-thus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bropchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scptichaenant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



PLACE OF DEATH 11980	STATE OF MARYLAND
Jacket	CERTIFICATE OF DEATH
County	300
	Registration Dist. No.
Village or City (No.	St.; Ward) [If death occurred in
Α	a hospital or inslitution, give its NAME instead
25111 11115	1 Self of street and number.
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH
male white of Divorces	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	July 2/ 191 5, to July 2 7 191 5
(Month) (Day) (Year)	that ! last saw ham alive on July >7 191 15
⁷ AGE (Bioten) (Day) (1ear)	and that death occurred on the date stated above, at 50 m.
1 day, hrs.	
yrs, mos, ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION TO	Church Cultivite
particular kind of work (Lettred's Nruggis)	
(b) General nature of Industry	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 5 ds.
9 BIRTHPLACE (State or country)	Contributory W Jacobson
(State of country) Period	
10 NAME OF FATHER TO MARKET	(Byrallon), yrs, mos, de,
W. S. Such	(Signed) , My 0.
H BIRTHPLACE	191 (Address)
(State or country) Murylung	* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of deathyrsmosds. State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
7 73.11	If not at place of death?
(Informant) faces V; Seet	wsual residence
(Address) Salishary my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 (AUGress)	Wilmen don 200 July 30, 1915
Flied ruly 29 1915: N. D. Micholo	20 UNDERTAKER ADDRESS
Diputy Ireal REGISTRAR	M9 Newreau Bro Custer Q
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	The state of the s

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more business, that fact may be indicated thus: Former (retired mabile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Catton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Caol mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," honder pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-hamicide; Poisoned by Struck by railway troin-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as prabably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heanorrhage," "Inanition," "Maras-"PUERPERAL perilonilis," etc. State cause for which birth or misearriage as "Puerperal septicharmio," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthonia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic volvular heart disease; Chronic interstitial (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinama, Sorcoma, etc., of..... "Anaemia" chopneumonia (secondary), 10 ds. Never report mere "Tumor" for malignant neoplasms); Measles; Whooping "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Concorbolic acid—probably



V. S. No. 1.

V....

Village or City Easton Mode (No. 2) 2FULL NAME Delmar Bus	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 290 St.; Ward) St.; Ward) Boulden (max) [It death occurred in a hospital or institution, give its NAME lestead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Rample Widowed, ORDIVORCED (Write the word) (Month) (Day (Year)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from (Matt I last/saw h.l.), alive on
TAGE It LESS than 1 day,hrs. OR mos. // ds. OR min.? Coccupation (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 10,235 2c m. The CAUSE OF DEATH * was as follows: (Duration) yrs 2 mos 5 ds.
9 BIRTHPLACE (State or country) Jalbot Leo 10 NAME OF FATHER Process Nicololo 11 BIRTHPLACE OF FATHER (State or country) Jalbot Loo 12 MAIDEN NAME OF MOTHER BETTHE BOULdens 13 BIRTHPLACE OF MOTHER (State or country) Jalbot Leo 13 BIRTHPLACE OF MOTHER (State or country) Jalbot Leo	Contributory Secondary (Doration) (Signed)
(Informant) Bertha Bouldon (Address) Easton Mile 16 Filed July 20, 1912 Hauria 18. Hairbaul Areal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 19 JACK OF BURIAL 19 UNDERTAKER ADDRESS Easton Pull 19 JACK OF BURIAL 20 JACK OF BURIAL 20 JACK OF BURIAL 21 JACK OF BURIAL 21 JACK OF BURIAL 22 JACK OF BURIAL 23 JACK OF BURIAL 24 JACK OF BURIAL 25 JACK OF BURIAL 26 JACK OF BURIAL 26 JACK OF BURIAL 27 JACK OF BURIAL 27 JACK OF BURIAL 27 JACK OF BURIAL 27 JACK OF

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. N.B.—Every item CAUSE OF I

'PLACE OF DEATH



STATE OF MARYLAND

county rubro 11982 (n	CERTIFICATE OF DEATH
2.11	Registration Dist, No.
FULL NAME Eveluia Che	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrise 4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Months (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH Dec. 8 (Month) (Day (Year)	that I last saw her alive on July 20 , 1915).
7 AGE 82 yrs 6 mos 24 ds OR min.?	and that death occurred on the date stated above, at // m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Valvulan Heave Desease
business, or establishment in which employed (or employer)	(Duration) byrs mos. V ds.
(State or country) Talbre 6. 200.	Secondary (Ouration) yrs mos 3 ds.
10 NAME OF Samuel Troil Stew In D.	(Signed) Joseph Caron, M. D.
11 BIRTHPLACE OF FATHER (State or country) Vallori Co Such 12 MAID NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) Salbot to Sund 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(Informant) Elizabeil Keury (Jak)	If not at place of death? Former or usual residence
Filed July 22, 1915 Joseph Registran	Place of Burial or REMOVAL DATE OF BURIAL PULL (1915) 20 UNDERTAKEN LODRESS Shuger Mullikui Geston Line
If more blanks are needed, address State Regist	rar, JE. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ncss. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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PHYSICIANS shoul RECORD PERMANENT EXACTLY. Exact classifled. roperi INX supplied. UNFADING may that back terms, should plain instructions 5 DEATH 50 10 mportant. ы Every

certificate.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in -Ward) a hospital or lostitution. give its NAME instead of street and nomber.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1916 WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I sttended deceased from (Month) (Day (Year) TAGE it LESS than and that death occurred on the date stated above, t day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER (State or country ot death State _____ yrs. ___ ___ yrs. ___ mos. mos. Where was disease contracted. If not at piace of death? Former or (Interment) osoal residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. been changed or given up on account of the disease who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skuii, and consequences (e. g., ampie: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from (Recommendations on statement of State cause for For VIO-



N.B.

11984	
PLACE OF DEATH	STATE OF MARYLAND
county I allow	CERTIFICATE OF DEATH
County / aller	Parlatentian Diet No. 2,90
Mo " C	Registration Dist. No. 12.0
Village or City Coston (No.	St.; Ward) [If death occurred in
	give its NAME instead
Trumpia N.	at street and number.]
2FULL NAME JULIUS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 CINGLE,	16 DATE OF DEATH
mult Illa 1. WIDOWDO	(Month) (Day (Year)
(Write the word)	17 A HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	14 5, 1915 to still 29, 1915
(Month) (Day (Year)	that last asw h (alive on Kuly 1 7 191 5
7 AGE (Month) (Day (Year)	
1 day. hrs.	and that death occurred on the date stated shove, st
yrs 0 mos 3 ds. OR min. ?	O ' O
8 OCCUPATION	Chin to Budh
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) Jyrs mos 5 ds.
9 BIRTHPLACE (State or country)	Contributory W 1941
(state of country) Corton a long a	(Doration) C yrs 6 mos 5 ds.
10 NAME OF FATHER F. A. W. S. G. OO	112 20
ned C / strale	(Signed) Anns 3. Ment M. D.
OF FATHER OF A	(Address)
State or country) Balts City	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (C)	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	at place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
da Hiller	If not at place of death?
(Informant)	usual residence.
(Address) Cos Cos how	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 / 7	Garlon Ind 1/30 1915.
Filed why 30, 19 to Kaucia B. Hacrbayly	29 UNDERTAKER ADDRESS
freal REGIETRAR	James a Spense Caston mil
O If more blanks are needed, address Stage Regist	trar, 6 E. Franklin St., Botto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY classifled. D properly AGE pe supplied UNFADING may 80 of WITH terms, on back 6 AINLY, plain Instructions = PL EATH WRITE of DE Item Every item CAUSE OF important.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

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11 BIRTHPLACE

13 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country)

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

state Very County C [if death occurred inWard) a hospilal or institution, give its NAME Instead of sfreef and nomber.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED, Com 19/12 (Month) (Day (Year) ORDIVORCED HEREBY CERTIFY That I attended deceased from DATE OF BIRTH Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in 4 mas 8 de (Duration) which employed (or employer)

> Contributory. Secondary

> > *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 FROTH OF RESIDENCE (FOR HE

OR RECENT	RESIDEN	T8)	n nose	ITALS, INS	TITUTIONS	, TRANSIEN	IT8
At place				the		•	
of death	yrs	mos	ds. S	State	yrs,	mos.	. ds

Where was disease contracted. if not af place of death?.

Former or usual residence.

19 PLACE OF BUBIAL OR REMOVAL

DATE OF BURIAL

29UNDERTAKER

ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balts, Requesting V. S. No. 1.

Mall

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations "Manager," "Dealer," ctc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

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ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal scptichaecause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhaustion,"



	I NOI	
r RECORD	PHYSICIANS of OCCUPAT	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.	
ING INK-TH	supplied. AGE stars be properly e.	
TH UNFAD	be carefully as, so that it is the continuation of certifications.	
ITE PLAINLY, WI	Every item of information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.	
WRI	Every Item o	

15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

ADDRE

St.:....Ward)

[If death occurred la a hospital or institution. give its NAME lostead

of street and number. I PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, mane WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: mos. OR ? monar BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. __ Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the (a) Spinner, (b) Cotton milt; (a) Salesman, Statement of occupation-Precisc statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Ilcart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (mcrely symptomatic), "Atrophy," ample: Meastes by carbolic acid-probably suicide. The nature of the is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (discase causing death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG = 1 1915
BUREAU, V.S.

County Talket 11987	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 290
Village or City Easton (No. 127, - 2FULL NAME Matthew P.	Greathounghst.; Ward) [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Married, Wigoweb, Wigoweb, Orbivorceb (Write the word)	Date of Death July 10, 1915 (Year)
6 DATE OF BIRTH Suptember 18, 1833 (Month) (Day (Year)	that I last saw h man alive on July 6, 191 5
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date atated above, at 1.30 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or boutractor t Bull der, particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Chines Anterstees reports (about) (Ouration) 2 yrs mos dis
10 NAME OF FATHER Wills Flowers	Contributory Malma Secondary about wick (Duration) yrs mos ds. (Signed) James B. Demill M. D.
11 BIRTHPLACE also, Cowline & CState or country) 12 MAIDEN NAME OF MOTHER MANY Rumbold	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR DESIDENCE (FOR HOSPITALS, INSTITUTIONS, INSTITUT
(Interment) Men M. However	Where was disease contracted, it not at place of death? Former or usual residence
16 Filed July 7, 1912 Hausie B. Hairbank Local REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Caston Mol Jare OF BURIAL 20 UNDERTAKER ADDRESS Tarrier a. Skine Exetan Mel
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engineer, (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED AUG 41915 BUREAU, V.S.

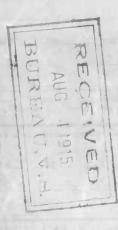
	PLACE OF DEATH 11988	STATE OF MAR	YLAND	
Car	unty Tallock	CERTIFICATE OF	DEATH	
Col	B i	Registration Dist.	No. 290	
Vill	age or City Esetan Med (No	St.;Ward)	[It death occurred to a hospital or institution, give its NAME Instead	
	*FULL NAME John Levi	Garrett-	ot street and nomber.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH	
3 51	a lit MARRIED, married	16 DATE OF DEATH (Menth)	36 ,1915 (Day (Year)	
6 D/	ATE OF BIRTH	July 16 1915 to Well	attended deceased from	
	May 23 1859	101	1910.	
	(Month) (Day (Year)	that I last saw hall allve on	M 60 ,1910	
TAC	II EEGO tilali	and that death occurred on the date stated a	bove, st 1 . m,	
	56 yrs 2 mos 3 ds OR min.?	The CAUSE OF DEATH* was as follows:		
	CCUPATION	mit of file it to	***************************************	
	Trade, profession, or frinter	Mula Reginhation		
(b)	General nature of Indostry.		***************************************	
bus	ness, or establishment in Composition, Press Work.	(Duration)	yrsds.	
-	RTHPLACE	Contributory		
	Tem fork	(Doration)	yrsds.	
83	10 NAME OF LEVE T. Garrett	(Signed) Win 7. Hammo	ud, M.D.	
S	11 BIRTHPLACE	Crely 26, 191 S. (Address) Costs	ou med	
Z	OF FATHER (State or country) Permay Evanna		in deaths from VIOLENT	
PAREN	12 MAIDEN NAME OF MOTHER angeling Shadbolt	*State the DISEASE CAUSING DEATH, Or, CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, I		
	13 BIRTHPLACE OF MOTHER (State of country) Win York	At place in the	yrs, mos, ds	
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE .	Where was disease contracted, It not at place of death?		
	Unterment Said L. Garrett	Former or	***************************************	
	E + 2 2 2 1	usual residence	***************************************	
	(Address) Laston Ma.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
15	d 1 10 5/1 1 1	Conston Mid	1915	
Fil		20 UNDERTAKER	ADDRESS	
	If more blanks are needed, address State Regist	Torres a Vana	asken med	
	and the state are needed, address State Regist	rat, o E. Frankin St., Barto., Requesting V. S.	No. 1.	

[Approved by U. S., Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease materiai worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., LENT NEATUS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the mus," "Old 'Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head "Dropsy," "Exhaustion," The nature of the Never report



should OCCUPATION PHYSICIANS statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED, maures WIDOWED, ORDIVORCED (Write the word) classified. (Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. O mos. OR ? properly BOCCUPATION (a) Frade, profession, or Massha INK particular kind of work. supplied. (b) Generat nature of Industry, pe business, or establishment in / lese may which employed (or employer) ... 9 BIRTHPLACE (State or country) certificate. Contributory. (Secondary) that 10 NAME OF PE 20 0 back 11 BIRTHPLACE terms, FNJ OF FATHER (State or country) should 6 K 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain 4 OF MOTHER A Instructions OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) _ At place In the _____ yrs. mos. ds. Where was disease contracted. OF MY KNOWLEDGE if not at place of death?. Q Former or OF usual residence. mportant. Every It 15 20 UNDERTAKER m ż If more blanks are seeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

Very

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospitat or institution give its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated shove, st 1000

Estate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

State yrs. ____ mos. ...

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Hor many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEEAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-



V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very A PERMANENT RECORD properly classified. Exact statement stated EXACTLY. AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s. Important.

1199	
PLACE OF DEATH	10
County Callot	(3)
C +	2 1
Village or City Callon	ANO.
	2:11 1 0 8

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

St.;---Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number i

FULL NAME Mildred 1	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Mopth) (Day (Year) T) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Month (Day (Year)	that I last saw h alive on July 9th 1910
7 AGE if LESS than 1 day hrs.	and that desth occurred on the date stated above, at 525 Pm,
a) Trade, profession, or particular kind of work.	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Pyroalfound
10 NAME OF FATHER The Remoter	(Signed) (Doralign) yrs mos ds. (Signed) (NELLY) Valeg , M. D. (Address)
C (State or country) Research Control	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) (State or country) 14 THE ABOVE IS FROE TO THE BEST OF MY KNOWLEDGE	At place of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Informant) Cashel Hernaley	If not at place of death?————————————————————————————————————
(Address) Endow Marine B. Hairbank	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 29 UNDERTAKER ADDRESS
Cal REGISTRAR	lance of Shares East 12 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.;



WRITE PLAINLY, WITH UNFADING INK—IHIS IS A PERMANENT RECORD N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.	
in Fraincy, will unrabing ink—IHIS IS A PERMANENT information should be carefully supplied. AGE should be stated EXACTLY. EATH in plain terms, so that it may be properly classified, Exact statement historicions on back of certificate.	
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 294

St.;---Ward)

[If death occurred in a hospital or institution, give its NAME instead

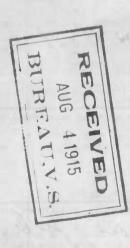
FULL NAME Oliver H.	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WINDWEDT OR DIVIDENCE OR	16 DATE OF DEATH 16 , 1915- (Month) (Day (Year)
6 DATE OF BIRTH Conth) (Day (Year)	that I st saw h. alive on 191
TAGE If LESS than f day,hrs. ORmin.?	and that desth occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Duration) yrs mosds.
which employed (or employer) **BIRTHPLACE** (State or country) 10 NAME OF ** **The country of the country of	Gontributory Secondary (Doration) yrs mos ds.
TATHER WILL & Howelle 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
of Mother Olive Orum 13 BIRTHPLACE OF MOTHER (State or country) Talkit lea	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds
(Interment) Wm 4. Horeth	Where was disease contracted, if not at place of death? Former or usual residence.
Filed July 16, 1915 William S. Lowe Definity Local REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNBERTAKER Sharks Standa
it more blanks are needed, address State Regis-	trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumoula," unqualified, is indefinite): Tubercucessis of lungs, meninges, peritonaeum, etc., Carcin-

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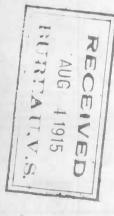
1 PLACE OF DEATH STATE OF MARYLAND 0.5 HYSICIAN statement CERTIFICATE OF DEATH Registration Dist. No... If death occurred in St.: Ward) a hospital or Institution. EXACTLY. Exac give IIs NAME Instead et street and number.] RECORD PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH SINGLE, 3 SFX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, PERMANENT WIDOWED OR DIVORCED (Month) F certificate. BY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) of 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. G The CAUSE OF DEATH # was as follows: OR min. ? 8 OCCUPATION
(a) Trade, profession, or pplied õ instructions particular kind of work.... 0 (b) General nature of Industry sul ms, business, or establishment in (Duration) which employed (or employer) te 9 BIRTHPLACE Contributory Secondary (State or country) 200 10 NAME OF FATHER Signed) onid I 11 BIRTHPLACE ortal RENT OF FATHER d *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) N W CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, E OF DE 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Infori S At place In the OF MOTHER 5 (State or country) of deathyrs.mos.ds. State,yrs. mos. d Whers was disease contracted, BEST OF MY KNOWLEDGE Every item of should state C OCCUPATION if not at place of death?...... Former or (Informant) usual residence OATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address) 1916 15 20 UNDERTAKER ADDRESS 8 If more blanks are needed; address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed as examples: (a) Spinner, (b) Cotton mill; (a) Salesy (b) Groccry; (a) Foremon, (b) Automobile factory. The material worked on may form part 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meniniunqualified, is indefinite); Tuberculosis of lungs, meniniunqualified,

on statement of cause of death approved by Committee "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and eonsequences (e. g., scpsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which genital," chopneumonia (secondary), 10 ds. Never report mere to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Autopuy,
"Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic unwular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Curcinoma, Sarcoma, etc., of..... by roilway train-occident; Revolver wound of Always qualify all diseases resulting from ehild-"Senile," etc.), "Dropsy," The contributory (secondary or intereur-"Atrophy," "Exhaustion," ("Con-



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Very PHYSICIANS ahould of OCCUPATION IS RECORD atatement PERMANENT EXACTLY. Exact classified. pino INK-THIS properly AGE 4 90) aupplied. UNFADING certificate. carefully 80 ō PLAINLY, WITH back plain terms, See instructions on of Information DEATH in pial Item 0 mportant. Every Ite

PLACE OF DEATH FULL NAME DATE OF BIRTH

STATE OF MARYLAND CERTIFICATE OF DEATH

Reg

istration	Dist.	No	29	6

St.;Ward)	[If death occurred I a hospital or lostitution
	give its NAME instea
	of street and oumber.]

ADDRESS

MEDICAL CERTIFICAT	E OF DEATH
DATE OF DEATH	(Day (Year)
	hat I attended deceased from
fuly 191, to	July 7 , 1915
that I last saw him alivs on	ly / 191V
and that death occurred on the date s	
The CAUSE OF DEATH* was as follow	Propale
(Duration	Jrs. — mos. 7 ds
Secondary (Signed) Contributory (Signed) (Signed)	Danders M. D.
7/8 ,191 (Address)	Easter, nit
*State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJUE: TAL, SUICIDAL, OF HOMICIDAL.	H, or, in deaths from VIOLENT ; and (2) whether ACCIDEN
18 LENGTH OF RESIDENCE (FOR HOSPI OR RECENT RESIDENTS)	TALS, INSTITUTIONS, TRANSIENTS
At place of death yrs mos ds. S Where was disease contracted, If not at place of death?	the tate yrs, mos, ds
Former or osual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED James ORDIVORCED (Write the word) (Day Month) (Year) 7 AGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) State or country) 10 NAME OF FATHER PARENTS 11 BIBTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS OF MY (Address) .----15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

UNDERTAKER

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Houscwife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. As examples: cases, especially in industrial employments, it is necmaterial Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons engineer,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite discase cau be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: valvular heart discase; Chronic interstitial nephritis, affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

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PLACE OF DEATH County Talbat	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290
Village or City Caston Rd (No. No. No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 170 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hair alive on Luly 26, 191 5
7 AGE yrs. 6 mos 2 5 ds. or. min.?	and that death occurred on the date stated above, at, S. 467, m. The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. S ds.
10 NAME OF FATHER John F. / Lury 11 BIRTHPLACE (State or country) Talbox Co hid	(Signed)
12 MAIDEN NAME OF MOTHER Quine Chance 13 BIRTHPLACE OF FATHER (State or country) Queen Quine Co My 12 MAIDEN NAME OF MOTHER Quine Chance	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Curu aunes U, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Jaluer	At place of death to the state
15 Filed July 27, 1913 Hausia B. Frairbank	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Castra Md. 728, 1915 20 UNDERTAKER O ADDRESS.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the diberase causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



1 PLACE OF DEATH STATE OF MARYLAND 0,0 CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in Village or CityWard) a hospital or institution. give its NAME Instead EXACTLY of sfroef and number.] ² FULL NAME RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH classifi 3 SEX SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED, 1915 WIDOWED OR DIVORCED (Write the word) (Month) (Year) properly of certificate. I HEREBY CERTUFY. That I attended deceased from 6 DATE OF BIRTH should 824 (Month) (Day) (Year) 7 AGE if LESS than may and that death occurred on the da 1 day, hrs. back O The CAUSE OF DEATH * was as follows: min. ? that 50 OCCUPATION
(a) Trade, profession, or supplied particular kind of work (b) General nature of lodustry instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER 2 (Signed) pino 11 BIRTHPLACE ENT OF FATHER (State or country) State the DIBRABE CAUSING DEATH, or, in deaths from VIDLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, ш ۵ 12 MAIDEN NAME C SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT informati 0 Very ш 13 BIRTHPLACE At place In the S OF MOTHER 10 State. \supset (State or country) of death YES. Where was disease contracted, should state CA 14 THE ABOVE tf not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address ..., 1913 15 No. ADDRESS Filed 0 Jush σò Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state oecupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the disease causing neath, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return Compositor, Architect, Locomotive engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning, "Heart failure," "Hacmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Brgn-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion, wound of



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF Important. S N. B.

1	PLACE	OF DEAT	H'S	11996	E
County	/al	wh	***********		(
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29/

Village or Cityhear Royal Och (No,	berch _ (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDDWED, DRDIVDRCED (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
TAGE Sh Cmo, mybouron 1 day, hrs.	that I last saw h
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Miocarries (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF Plays Limberry 11 BIRTHPLACE OF FATHER (State or country) Talkot & CO 12 MAIDEN NAME A STAN BOONEST	Contributory Secondary (Duration) yrs mos ds. (Signed) Land (Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Forah fam Someth 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Logs Surban	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Royal Oal mo 15 Filed July 7th 5 - Mary & Decuy System Registran If more blanks tre needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL At his home fully, 1915 20 UNDERTAKER Facher ADDRESS Royal Oapmot trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used ouly when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "Asthenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Cou-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily "Heart failure," "Haemorrhage," "Inanition," "Mahus ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

St.;Ward)	[It death occurred in a hospital or institution.	
0	give Its NAME Instead of street and number.	

	MEDICAL CERTIFICATE OF DEATH
Rale Thate (Write the word)	10 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) 7 AGE If LESS than t day,hrs.	that I last sew have alive on July 19 1915 and that death occurred on the date stated above, at 430 Pm.
yrs mos, ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or January, Johnson	Bronshopneware
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 6 mos ds
SBIRTHPLACE (State or country)	Gentributory Charine franchyguelows Secondary (Boration) 3 vrs mee de
10 NAME OF Server Inne Server	(Signed) (Doration) 3 yrs mos ds. (Signed) July 1912 (Address) 6 as low
11 BIRTHPLACE OF FATHER (State or country) 2 Maiden Name OF Mother	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Scotland	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) The Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Easter 2nd	Caston Ind 1/2/ 195

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Mauager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 41915
13UREAU, V.S.

ص ح

County 191601	CERTIFICATE OF DEATH
	Registration Dist. No. 39 V
9 0 1 5	
Village or City hear Irafte (No.	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME instead
2 FULL NAME Lawel macket	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Mile Ord WIDOWED Marke	(Day) (Year)
(Write the word)	HERERY CERTIFY, That I attended decouged from
6 DATE OF BIRTH	Mail 30 1915 to July 117 1915
1842	horas of
(Month) (Day) (Year) 7 AGE If LESS than	alive on 1910
1 day, hrs.	and that death occurred on the date stated above, at .V
73 yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession, or Janu Colores	Vannu News Orsease
(b) General nature of iodustry	
business, or establishment in	(Buration) yre. mos. di
which employed (or employer) 9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	(Durntien) yre mee do
FATHER	(Signed) Day M. (
U 11 BIRTHPLACE	July 12 191 (Address) Traffer Sud
11 BIRTHPLACE OF FATHER (State or (ountry) 12 MAIDEN NAME OF MOTHER Polly Types	
C 12 MAIDEN NAME	CAUSES, STATE (1) MRANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Jolly Grue	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER	OR RECENT REBIDENTS) At place In the
(State or country) Valter Ou wa	of deathyre. mesde. State,yrsto,meede
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not of piece of death?
(Informant) talia Sibson (DAR.	Former or
(midimant)	usual residence
(Address) Inspe sud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 1 2	Scoth ho Countery many ruffer July 13, 1918
Fled July 12, 1915 Josephan Comple	20 UNDERTAKER ADDRESS
Local REGISTRAR	M. Thewraw Traffe mid
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

998

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL septichaemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"Dropsy," "Exhaustion, State cause for which Never report mere (Recommendations



WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

A PERMANENT

CAUSE OF I

N. B

VIIIage or City Noyal Ork (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 29 St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, Married Willower, ORDIVORCED	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on July 2 , 191
7 AGE It LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 5.45 Cm, The CAUSE OF DEATH* was as follows: Proglif disease
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Mashing The DE	Gontributory Graene Como Secondary (Duration) Yrs mos. ds.
o 11 DIRTHEI ACE	(Signed) Line 6. Lafaka, in .
11 BIRTHPLACE OF FATHER (State or country) 12 Maintenant 7	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Clare Frankon Dovree 13 BIRTHPLACE OF MOTHER (State or country) Halfunore. Wid	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant) Transite Z. Mohum	Where was diseasa contracted, If not at place of death? Former or usual residence.
(Address) The Westmorland Cal. St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Washing for De July 15 1916
Filed July 13 1, 191 7: mary n. Denny	20 UNDERTAKER REPRODUCTION ROYAL ARLOYA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Valley 1	Registration Dist, No. 291
Village or City Place (No	St.; Ward) St.; Ward) institution of street and nomber
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH July 26, 191 (Moyth) (Day (Year
6 DATE OF BIRTH Misel 22 1915	July 22, 1915 to July 26, 191
(Month) (Day (Year)	that I last baw h less alive on July 2 6 ,191
O yrs Z mos 4 ds. OR min.?	and that death occurred on the date stated above, at
GOCCUPATION (8) Trade, profession, or particular kind of work	Cholera Infante
(b) General neture of industry, business, or establishment in which employed (or employer)	(Duration) Oyrs 7 mos 5
9 BIRTHPLACE (State or country) 2nd.	Contributory Foyalumia Secondary (Duration) yrs mos Z
10 NAME OF Geo. N. Neuram	(Signed) D. Dany Wellow.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Of A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCHTAL, SUICIDAL, OF HOMICIDAL.
of Mother Liftian Malger	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place to the of death yrs mos ds. State yrs mos where was disease contracted,
(Informant) Leary H Grewnan	If not at place of death? Former or usual residence.
(Address) Reavit	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Quely 27, 191
Elled Gerly 27 " 1015 - Atterwales	20 UNDERTAKES ADDRESS ,

12000

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) Civil engincer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, perifonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway/train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of For vio-



V. S. No. 1.

state Very SICIANS should occuPATION IS PHYSICIANS RECORD Jo PERMANENT D UNFADING may certificate. 9 of terms, 5 plain See Instructions 2 1 DEATH Item Every Item CAUSE OF Important. 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred is -Ward) a hospital or lostitution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day Year) 7 AGE If LESS than and that death occurred on the data stated above, a t dayhrs. The CAUSE OF DEATH * was as follows: .mos OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) State _____ yrs, ____ mos. ___ yrs. mos. ... Where was disease contracted. 14 THE ABOVE IS It not at piace of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAB If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers mine, etc. Wemen at home, who are engaged in the been changed or given up on account of the misease "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to caeh and every person, irrespective of age. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupanany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Namé, first, the nisease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioinus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles (Recommendatious on statement of (disease causing death), 29 ds.; cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 41915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate, WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

11

Cou	PLACE OF DEATH \$ 12002	STATE OF MARYLAND CERTIFICATE OF DEATH
2	age or City & Muchaels (No.	Registration Dist. No. 29/
28%. 10 (18)	2 FULL NAME Boby Mu	ellols a hospital or institution, give its NAME instead of street and number.]
GK	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	4 COLOBOR RACE 5 SINGLE, MARRIEO, Surgle WIDOWED OR OIVORCEO (Write the word)	16 OATE OF DEATH July (Month) (Day) , 1916
6.0/	ATE OF BIRTH July 6th 1915	17 I HEREBY CERTIFY, That I attended deceased from 1915, to July 6, 1915,
7 AC	Month (Day) (Year)	and that death occurred on the date stated above, atm. The CAUSE OF DEATH ** was as follows:
pa	a) Trade, profession, or	Infaut was dead before
w	Islness, or establishment in hich employed (or employer)	Contributory Secondary
	10 NAME OF FATHER TO THE LAND	(Signed) (Buration) yrs mos ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Jalbor Count	State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PAR	13 DISTRIBUTION NAME MURE Topkins	SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Julbox Country	At place in the ot deeth yrs mos is Stale, yrs mos ds.
14 T	(Informant) Halle Hofellus	Where was disease contracted, If not all place of death? Former or usuel residence
15	(Address) Sx Mucharly Mu	onte of Burial or REMOVAL on Strand July 6 , 191.5
	led July 6 , 1915 John Huwales Local REGISTRAR	The Father Roy mickole Si-muchaele
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Groccry; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile foctory. The material worked on may form part especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question taken to report specifically the occupations of persons know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetonus) may be stated surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart discose; Chronic interstitial on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic sucid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Aecidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness." "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Tumor" for malignant neoplasms); Meastes; or miscarriage as Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," "Exhaustion," Whooping



V. S. No. 1.

N.B.

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state Very PLACE OF DEATH

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STATE OF MARYLAND

County Called	CERTIFICATE OF DEATH
Village or City Mar Esstory (No Clouds 2FULL NAME THATTANN	Registration Dist. No. 290 [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE ACCUPATION (a) Trada, profession, or particular kind of work. (b) Beneral nature of Industry, business, or establishment in which employed (or employer)	is date of Death (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from May 29 191 %; to sulp 30 191 %. that I last saw h Marallycon sulp 2/5 191 %. and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH* was as follows: [Buration] (Buration) yrs. 3 mos. ds.
10 NAME OF FATHER STORES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	Contributory Secondary (Doration) yrs mos ds. (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents At place of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT NEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state.

* DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

RECORD

A PERMANENT

Village or City Conton Dance.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290 [it death occurred in a hospital or iostitution, give its MAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Table Color or race Married, Widowed, Or Divorced (Write the word) Tage (Mopth) (Day (Year) Tage It LESS than t day,hrs. ORmin.? Coccupation (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	I HEREBY CERTIFY. That I attended deceased from Sulcy 22, 1915, to Sulcy 22, 1916, that I last saw him slive on Sulcy 22, 1916, and that desth occurred on the date stated above, at Parm. The CAUSE OF DEATH* was as follows: Such frequently: Homework in the state of the state
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address)	Contributory Secondary (Signed)
Filed July 21 1913 Hanie B. Hairbank	26 UNDERTAKER APOBESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits ean be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitts"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrits nant neoplasms); Measles; Whooping cough; Chris cer" is less definite; avoid use of "Tumor" for malie "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HONICIDAL, or as probably which surgical operation was undertaken. For vioete, when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Can-The contributory tctanus) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED AUG 41915 BUREAU,V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS A

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

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RECORD

PERMANENT

N.B.

Village or City Vilghman (No.,	STATE OF MARYLAND SERTIFICATE OF DEATH Registration Dist. No. 294 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male bhite Single, MARRIED, WIDOWED, Named OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH July 13 4, 1915 (Mo/th) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h in alive on Jaly 13' = ,1915
7 AGE 2 G yrs — mos 2 4 ds. OR min.?	and that death occurred on the date stated above, at 1.40 W. m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Oys Cerrmane particular kind of work	Phothesis Intmonalis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 6 yrs. — mos. — ds.
9 BIRTHPLACE (State or country) Leighman Ind	Secondary (Doration)yrsmosds.
10 NAME OF Charles H. Sinelair	(Signed) . M. D.
11 BIRTHPLACE OF FATHER (State or country) Flighman Ind. 12 MAID MOTHER OF MOTHER 9 7 7 10	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Caroline In. Miller	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPASSES, STATE OF THE SUICIDAL SUICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Telyhman Ind	OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds
(Interment) John D. Snie land - Broth	Where was disease contracted, If not at place of death?
(Address) Zelghman hel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1915
Filed July 14, 1915 97, July Sociel, REGISTRAR	20 UNDERTAKER ADDRESS

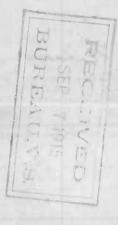
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Cuninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIPAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. -Every item of information should be GAUSE OF DEATH in plain terms, s Important.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

12006

PLACE OF DEATH
County Talbet



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29

Village or City Caster (No	St.; Ward) [If death occurred le a hospital er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Still Born WIDOWED, ORDINORCED (WITH the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREEY CERTIFY. That I attended deceased from
7 AGE S	that I last saw hallve on, 191, 191, 191, and that death occurred on the date stated above, at, m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER CARRAL TO Aullivan 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration)
(Address) Custon Sad 15 Filed Leely / 9, 1912 Hannie B. Hanbanks REGISTAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL AND LOCATION ADDRESS Tracker of Child
If more blanks are needed, address State Regist	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menligitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

canse of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convolsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic, "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic eer" Is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association. "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



m ż 1 PLACE OF DEATH

County Tallout	CERTIFICATE OF DEATH
ount, and a	Registration Dist. No. 29/
Village or City Strucharles No. 2 FULL NAME George Marion	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Infant Whose Widower, Organizate Organizate (Write the word)	16 DATE OF DEATH ALL 26 ,191.5 \(\text{(Month)}\) (Day (Year)
6 DATE OF BIRTH Cyril (Month) (Day (Year)	fully 20, 1915, to fully 26, 1915, that I last saw h fun alive on fully 26, 1915.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Acute ileo-Colitas
which amployed (or employer) 9 BIRTHPLACE (State or country) Maryland	Contributory As there a
10 NAME OF FATRER GEORGE Marion Jan, Jr. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MOLES OF MOTHER MOTHER MOLES OF MOTHER MOT	(Signes)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MOKNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds State yrs mos ds Where was disease contracted, If not at place of death?
(Interment) Virginia Parr (Address) St. Michaels, Ind.	Former or Usual residence
Filed July 27, 181.5- John Howales Docal REGISTRAR	20 UNDERPAKER STANDARD STANDARD
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when uceded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," But iu many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerieral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Seuile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



N. B

PLACE OF DEATH 12008	STATE OF MARYLAND
County Valbot	CERTIFICATE OF DEATH
9 0	Registration Dist. No. 24.5
Village or Cityles Vriffe (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO OR OIVORCEP (Write the word)	16 OATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw her alive on June 30, 1915)
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 9.19 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	Valvular Acut Disease
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Ourstlen) 2 yrs. mos. ds.
(State or country) Talbot Co his.	Secondary Secondary Turalien) yrs. mes ds
10 NAME OF Hilliams discon.	(Signed) Joseph as a M. o.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Trancist, Doboon	State the DISEASE CAUSING DEATH, or, in deaths from Vidlent CAUSES state (1) MEANS OF INJURY: and (2) whether Accomplish
a of Mother Francis, Dobow	CAUSES, State (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Salbor 6, Sud	OR RECENT RESIDENTS) Al place of deeth
(Informant) The BEST OF MY KNOWLEDGE	If net al place of death?
(Address) Scoppe, and	19 PLACE OF BURIAL OR REMOVAL DANG OF BURIAL
Fled July 7 1915 Joseph ar Booken	Scotts In & Burst Front man light of full 2, 1918 1
FIRE REGISTRAR	Mc Euram Rappe 2002

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintuncers.

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Corcinoma, Sarcomo, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. or misearriage as "Puenperal septichaemia," by railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere ACCIDENTAL,



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

STATE OF MARVI AND

	0,
Village or City Pourdona (No., St.; Ward) 2 FULL NAME Charles # Tilghman 2 FULL NAME Charles # Julyhman 3 St.; Ward) 4 Application in the property of the	IE Instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Maried Bolored Only (Write the word) 16 DATE OF DEATH Guly (Month) (Day (Month) (Day (Day))	, 191 .5 (Year)
6 DATE OF BIRTH (Month) (Day (Year) that I last saw h selve on July 2	., 1915 , 1915
TAGE If LESS than snd that death occurred on the date stated above, at 2.0 The CAUSE OF DEATH* was as follows:	m for
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (Duration) Strangular frequency Horizon has explained (Duration) yrs mos.	J
9 BIRTHPLACE (State or country) Talbot bours	tion
(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Signed) (Signed	VIOLENT ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) ORDER OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR. OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos.	
(Interment) Martine Tilghonan Former or usual residence.	
(Address) Local Date of Buriay or REMOVAL 15 Filed July 3 1915. J. L. Gardner Place of Buriay or REMOVAL Okapel Oundertaker July 4 ADDRESS Spence Mullikin Gaston, If more blanks are needed, address State Registray, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	1915. md

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesse of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (seeondary or intercurrent) death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECS VED
AUG 3 1915
BUREAU, V.S.

V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

PLACE OF DEATH 12010 County Solver County Solver	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 390
2 FULL NAME Neva Inguia	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Mile Single, Single Wilder Wilder (Write the word)	16 DATE OF DEATH July 15- ,1915- (Month) (Day (Year) 17 I HEREBY CERTIFY, That I strended decessed from
Fully 17, 19/4 (Month) (Day (Year)	July 11 1915, to July 15, 1915, that I last saw h was alive on July 14, 1915
7 AGE if LESS than	and that death occurred on the date stated above, at 5.30 A.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or parficular time of work. (b) General nature of industry, business, or establishment in	The colitis
which employed (or employer) BIRTHPLACE (State or country) [State or country]	Contributory Secondary (Duration) yrs mos ds
11 BIRTHPLACE Melvilar W. Jowers 11 BIRTHPLACE	(Signed) William T. Harmond, M. D. July 15, 1915 (Address) Easton, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Talta les	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE) At place in the of death yrs, mos ds
(Informant) Webster W Towers	Where was disease contracted, if not at place of death? Former or usual residence.
Filed July 16, 1912 Hanis B. Fairbank	Trading West Church DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Deaier," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," engincer,

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For Vio-



Village or City Parlamed Parlamed P	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29% St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) C DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I strended deceased from 191 to 1929, 191 to 1929, 191 that I isst saw hereafteen
7 AGE If LESS than 1 day,	snd that death occurred on the date stated above, st
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Couration gyrs 2 mos 25 ts.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 A 200	(Signed) (Boration) yrs. 2 mos. 2 ds. (Signed) (Signed) (Address)
13 BIRTHPLACE OF MOTHER (State or country) July Comus 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL Carfard Centerary fully 30, 1915
Filed 7314530, 1915 A LONGO REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER M. E. Murrau Bre Offark rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; Never report For vio-

